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|--|---------------------------------|---|--|---|----------------|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | | 1. CONTRACT ID CODE | Page 1 of 4 |
| 2. AMENDMENT/MODIFICATION NO. 0029 | 3. EFFECTIVE DATE 02/10/2011 | 4. REQUISITION/PURCHASE REQ. NO. See Lines | 5. PROJECT NO. (If applicable) DHS11-001A | | |
| 6. ISSUED BY U.S. Merchant Marine Academy (Procurement) MMA-5206, Division of Procurement Kings Point, NY 11024-1699 | | CODE 00095 | 7. ADMINISTERED BY (If other than Item 6) U.S. Merchant Marine Academy (Procurement) MMA-5206, Division of Procurement Kings Point, NY 11024-1699 | | CODE 00095 |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and Zip Code) NORTH SHORE UNIVERSITY HOSPITAL 300 COMMUNITY DR MANHASSET, NY 11030-3816 | | | 9A. AMENDMENT OF SOLICITATION NO. | | |
| | | | 9B. DATED (SEE ITEM 11) | | |
| | | | (X) | 10A. MODIFICATION OF CONTRACT/ORDER NO. DTMA5C05082 | |
| | | | (X) | 10B. DATED (SEE ITEM 13) | |
| CODE * | | | FACILITY CODE | | |

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

- ☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
- Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
- (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. **FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER.** If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

- 7011 - 1750MA - 2011 - - 1MSP - - 000005 - 0000 - - 520300 - - - 25626 - 6100 - 6600 - \$297,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS.

IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-------------------------------------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| <input type="checkbox"/> | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: |
| <input checked="" type="checkbox"/> | D. OTHER (Specify type of modification and authority) FAR 52.232-18 Availability of Funds |

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
Purpose of this modification is to add incremental funding.

A. Incremental funding in the amount of \$297,000.00 is hereby added to CLIN 0005.

NOTE: Additional funding will be added by future modification(s) as permitted by budget allocations.

B. Total amount of the contract is hereby changed from \$6,913,614.14 to \$7,210,614.14. A total NET DECREASE of \$297,000.00.

C. All other terms and conditions remain unchanged.

***** LAST ITEM *****

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|---|------------------|--|------------------------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Max Diah | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 16B. United States of America BY <u>Max S. Diah</u> | 16C. DATE SIGNED <u>2/10/11</u> |
| (Signature of person authorized to sign) | | (Signature of Contracting Officer) | |

| | | | |
|--------------------------|--|---|-----------------------|
| Line Item Summary | Document Number DTMA5C05082/0029 | Title Academy Health Services | Page 2 of 4 |
|--------------------------|--|---|-----------------------|

Total Funding: \$7,210,614.14

| | | | | | | | | | | | | |
|----------|------------|----------------|-----|--------------|-----|---------|----------|-----|--------------|-----|--------------------|--|
| FYs | Fund | Budget Org | Sub | Object Class | Sub | Program | Cost Org | Sub | Proj/Job No. | Sub | Reporting Category | |
| Division | Closed FYs | Cancelled Fund | | | | | | | | | | |

| Line Item Number | Description | Delivery Date (Start date to End date) | Quantity | Unit of Issue | Unit Price | Total Cost |
|------------------|-------------|---|----------|---------------|------------|------------|
|------------------|-------------|---|----------|---------------|------------|------------|

Remit To: SAME
DUNS NUMBER: 072364490
For Payment Inquires Contact:
BARBARA MARTOS (405) 954-1219
Email: Barbara.CTR.Martos@faa.gov

| | | | | | | |
|---|-----------------|----------------------------|------|-----|--------------|--------------|
| 0009 | HEALTH SERVICES | (10/01/2010 to 03/31/2011) | 0.00 | JOB | \$297,000.00 | \$297,000.00 |
| Change in Unit Price HEALTH SERVICES - EXTENSION OF PERIOD OF EPRFORMANCE HEALTH SERVICES - INCREMENTAL FUNDING | | | | | | |

Previous Total: \$6,913,614.14
Modification Total: \$297,000.00
Grand Total: \$7,210,614.14
 (Includes Discounts)

USMMA Procurement Department:
 MAXMILLIAN S. DIAH
 (516) 773-5584
 MARKVIEW Invoice To: Rick Sager (516) 773-5336

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|---|--|---|-----------------------|
| Contract Level Funding Summary | Document Number DTMA5C05082/0029 | Title Academy Health Services | Page 3 of 4 |
|---|--|---|-----------------------|

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|--|--------------------------------|
| <u>Funding Strip Code</u> | <u>Change in Funded Amount</u> |
| - 7011 - 1750MA - 2011 - - 1MSP - - 000005 - 0000 - - 520300 - - - 25626 - 6100 - 6600 - | \$297,000.00 |

Address Detail

Title

Academy Health Services

Document Number

DTMA5C05082/0029

Page

4 of 4

Shipping Addresses

| Code | Detail |
|------|---|
| 0001 | Org: U.S. MERCHANT MARINE ACADEMY Addr: Medical-Patten Health Services Kings Point NY 11024-1699 Attn: Gale Desano, Administrative Assistant Phone: (516) 773-5336 ext. Fax: () - ext. |

Invoice Addresses

| Code | Detail |
|------|--|
| 0001 | Org: U.S. MERCHANT MARINE ACADEMY Addr: Fiscal Section Kings Point NY 11024-1699 Attn: Jorge Osvaldo, Head of Accounting Phone: () - ext. Fax: () - ext. |